Minutes

Inaugural Meeting

Advisory Panel on Medicare Education (APME)

February 15, 2000

Location: The meeting was held at the Washington Court Hotel, 525 New Jersey Avenue, NW, Washington, DC 20001. The meeting was announced in the *Federal Register* for January 31, 2000 (Volume 65, Number 20, Page 4617) (Attachment A).

Panel Members:

Diane Archer, Medicare Rights Center
Bruce Bradley, General Motors Corporation
Carol Cronin, HCFA (Chair)
Joyce Dubow, AARP
Elmer Huerta, Washington Hospital Center
Bonita Kallestad, Mid Minnesota Legal Assistance
Steven Larsen, Maryland Insurance Administration
Brian Lindberg, Consumer Coalition for Quality Health Care
Heidi Margulis, Humana, Inc.
Michelle Kitchman on behalf of Patricia Neuman, The Henry J. Kaiser Family Foundation
Elena Rios, National Hispanic Medical Association
Samuel Simmons, National Caucus and Center on Black Aged, Inc.
Myrl Weinberg, National Health Council
Edward Zesk, Aging 2000

Executive Director: Susana Perry, HCFA

A "Sign In" sheet listing other attendees is incorporated as Attachment B.

Summary:. Executive Director Susana Perry opened the meeting, followed by welcoming remarks by Panel Chair Carol Cronin. HCFA Administrator Nancy-Ann Min DeParle provided the formal Charge to the Committee. HCFA officials then briefed the Panel on HCFA research into the Medicare population, sociodemographics, information needs and preferences, the Medicare & You Campaign, FACA rules and upcoming enrollment / disenrollment changes. There were several rounds of open exchanges by the Panel including general comments on Medicare education, specific reactions and feedback on areas HCFA outlined, and identification of areas that need further examination, discussion or presentations for upcoming meetings.

General Comments

- Many expressed appreciation that HCFA asked them to give formal input and felt the leadership is open, willing to listen and actively encourages partnerships. Several mentioned positive relationships and experiences with various offices of HCFA, Alliance Network partnerships, Regional Offices and other collaborations. One member particularly thanked HCFA for its efforts in the last two years to Ashare more information with advocates and to allow them more opportunities to discuss program policy.@

- Many commented that the size and diversity of the Medicare population on a limited budget makes education an Aenormous and daunting@ challenge. Several members expressed the need to Ainstitutionalize partnerships and make them something used nationally and locally as part of our everyday practices.@ Another member suggested connecting local and national partners.
- Several mentioned the importance of continuing consumer research. Several members noted the need for simplified, consistent standardized language, with one asking whether HCFA had ever tested with Medicare beneficiaries whether they identify themselves as Abeneficiaries.@ HCFA had not done this testing, but agreed to do this upon their suggestion. Several noted the importance of viewing Medicare beneficiary education in the context of a social marketing campaign.

- Many mentioned the problem of timing and accuracy of information with regard to the release of the *Medicare & You Handbook,* and being able to coordinate health plan information and other supporting information earlier. Several commented that the process needs to be re-examined as a whole to make the information as accurate and simple as possible.

Enrollment / Disenrollment Changes

- HCFA asked the panel to consider the upcoming changes in enrollment and disenrollment and asked for feedback and thoughts on when, to whom, what to tell, and how to communicate the Year 2002 lock-in change; and whether HCFA should start educating people to recognize November as the month they need to think about their health care coverage.

- Members asked whether HCFA was under obligation to use specific terminology under the law. Many members said that Medicare education efforts should be based on language consumers understand. This may be an area the panel will focus on and make further recommendations.

- Comments from the panel included the idea that the timing is wrong to be aggressive with messages about switching plans, and that the message should be "It is okay to choose to stay in your current plan, but people should consider reviewing their benefits yearly.". Another commented that the *Handbook* is

devoted to telling people about their choices, not as much about staying with their same plan C many readers may not realize that they do not have to make a choice.

- Another commented that it was acceptable to not encourage people to change plans, but to educate them and get them involved in knowing what coverage they do have, because even by not doing anything, things still changed within their plans.

- Also discussed was how people in areas with no Medicare + Choice would react to these messages, and ways to provide people with the right information at the time they need it.

- There was discussion about making November a AHealth Needs Assessment Month," to convey that plans change, the Medicare program changes and an individual=s needs change year to year. Members discussed the idea that month-to-month enrollment is a safety valve that people will lose and to use the term Alock-in@ sounds ominous. Some members felt that as messages are developed, HCFA should be mindful that people are losing a protection.
- There was much discussion about timing to release information and messages about the loss of the month-to-month ability to change. Some felt that by waiting until closer to 2002, it did not give people enough time to prepare for it, while others felt that it was too far away and that things could change by then and the messages would not be relevant. The question was raised whether it would be possible to identify which people use this as their fallback plan, who it would most affect and how much time do they need to make a decision. Some commented that the message should be positive, but to also tell people what they are losing (*i.e.*, saying "You can only switch plans in November," as opposed to being "locked-in.").

- One member suggested that Congress still has opportunities to refine these provisions before the 2002 implementation.

- There was general agreement that for the upcoming year, HCFA should be doing background research and testing on this concept before releasing any main messages. Others mentioned that an effort to educate counselors well in advance of releasing messages to beneficiaries would also be part of good planning. Panel members asked HCFA to share with them their research results when testing is completed.

Discussion Topics for Next Meeting

- The Chair asked members for their ideas for discussion topics for the next meeting. Two topics emerged: communicating information on quality of care, and reaching vulnerable populations. Panel members reacted and offered specific insights and identified areas that need to be further discussed. It was concluded that the Panel=s next meeting could continue the discussion on these topics.

- Public statements were delivered by: Dave Baldridge/National Indian Council on Aging, Inc. (on behalf of himself and Clayton Fong/National Asian Pacific Center on Aging) and Rebecca Baca (also with NICOA), questioning the Panel's apparent lack of representation for Native American and Asian Pacific health interests, and a request for inclusion on the panel.

    - **Quality Concepts and Messages:** Members discussed the concept of quality health care and expressed a need to educate consumers in general on how to use quality information, performance measures and satisfaction surveys as part of their health care decisionmaking. HCFA mentioned that less research had been done on how to convey quality and welcomed consideration by the Panel on the topic.

    - **Vulnerable Subpopulations:** One member commented that we should be reaching all populations and that we should focus on new and innovative ways to reach low-income people, including topics such as how they can get access to prescription drugs.

    - If information on lessons learned is available from HCFA=s other program areas targeting this population, the Panel would like that information to be shared. One panel member felt that sharing Abest practices@ across intermediary organizations that focus on serving these populations would be helpful.

    - Some of the findings from HCFA=s focus groups with the Latino population were confirmed by a panel member who specializes in developing messages and identifying communication channel preferences with this population. A member suggested that working with African American churches and encouraging each church to have a social ministry to the elderly would be effective. A member also felt that caregivers should be an audience with regard to minority populations: they may be bilingual, more literate, or have Internet access. One member suggested that vulnerable populations be framed to include the chronically ill and diseased along with minority audiences.

    - Several members commented that it is crucial to choose the right channels for these populations. For example, most Latinos prefer to receive their messages on radio and television programs, as opposed to printed information.

Public Comment

- Public statements were delivered by: Dave Baldridge/National Indian Council on Aging, Inc. (on behalf of himself and Clayton Fong/National Asian Pacific Center on Aging) and Rebecca Baca (also with NICOA), questioning the Panel's

apparent lack of representation for Native American and Asian Pacific health interests, and a request for inclusion on the panel.

Carol A. Cronin
Chair

Enclosures